



Michigan Department of Community Health

BENEFIT PLANS

Benefit plan data is assigned by the CHAMPS Eligibility and Enrollment (EE) Subsystem based on the source of the data (e.g., Medicaid, CSHCS, etc.) and program assignment factors (e.g., scope/coverage codes, level of care codes, etc.). Providers will now need to utilize the Benefit Plan ID(s) indicated in the eligibility response to determine a beneficiary's program coverage and related covered services for a specific date of service.

The table provides the Benefit Plan ID, Name, Description, and Type (e.g., Fee-for-Service, Managed Care Organization, or No Benefits), Funding Source (Social Security Act Title V, Title XIX, Title XXI, and/or State of Michigan General Funds) and Covered Services (Service Type Codes).

Any questions regarding the Benefit Plans can be directed to: Provider Inquiry, Department of Community Health, P.O. Box 30731, Lansing, Michigan 48909-8231, or e-mailed to ProviderSupport@michigan.gov. When you submit an e-mail, be sure to include your name, affiliation, and phone number so you may be contacted if necessary. Providers may phone toll-free 1-800-292-2550.

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| Benefit Plan ID | Benefit Plan Name | Benefit Plan Description | Type | Funding Source ² | Covered Services (Service Type Codes) |
|-----------------|--|---|---------------------------|-----------------------------|--|
| ABW | Adult Benefits Waiver Program | This benefit plan provides basic medical care to low income childless adults who do not qualify for Medicaid. ABW medical coverages are limited (e.g., ambulatory benefit – no inpatient coverage). The ABW program covers individuals with income less than 35% of the Federal Poverty Level. The Department of Human Services (DHS) determines eligibility. | Fee-for-Service | XXI | 1, 50, 86, 88, 98, UC |
| ABW-ESO | Adult Benefits Waiver (Emergency Services) | This benefit plan provides benefits similar to ABW benefits but is for Emergency Services Only (ESO). For the purpose of ESO coverage, federal Medicaid regulations define an emergency medical condition as a sudden onset of a physical or mental condition which causes acute symptoms, including severe pain, where the absence of immediate medical attention could reasonably be expected to: <ul style="list-style-type: none"> Place the person's health in serious jeopardy, or Cause serious impairment to bodily functions, or Cause serious dysfunction of any bodily organ or part. | Fee-for-Service | XXI | 86 |
| ABW-MC | Adult Benefits Waiver Program (Managed Care) | This benefit plan provides benefits similar to ABW benefits but on a capitated basis. | Managed Care Organization | XXI | 1, 50, 86, 88, 98, UC |
| ALMB | Additional Low Income Medicare Beneficiary | This benefit plan is part of the Medicare Savings Program (MSP), also known as the "Buy-In" Program. | No Benefits | XIX | N/A |
| BMP | Beneficiary Monitoring Program | The objectives of the Beneficiary Monitoring Program (BMP) are to reduce overuse and misuse of Medicaid services, improve the quality of health care for Medicaid beneficiaries, and reduce costs to the Medicaid program. The BMP providers bill on a FFS basis for services provided, and receive \$8 per month for each beneficiary monitored in the Lock-in program. | Managed Care Organization | XIX | N/A |
| CMH | Community Mental Health | This is a carve out program that can be assigned to members from multiple eligibility sources, such as ABW or MICHild, etc. | Managed Care Organization | XIX | MH |

¹ Excerpt of the Medicaid Provider Manual, Beneficiary Eligibility Chapter

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|-----------------|---|--|---------------------------|-----------------------------|---|
| CSHCS | Children's Special Health Care Services | This benefit plan is designed to find, diagnose, and treat children under age 21 with chronic illness or disabling conditions. Persons over age 21 with chronic cystic fibrosis or certain blood coagulation blood disorders may also qualify. Covers services related to the client's CSHCS-qualifying diagnoses. Certain providers must be authorized on a client file. | Fee-for-Service | V, GF | 1, 33, 35, 47, 86, 88, 98, AL, UC (Most providers must be authorized) |
| CSHCS-MH | CSHCS Medical Home | This is a capitated "case management" benefit plan for CSHCS members. CSHCS Medical Home clients are identified by the Medical Home Indicator in the Member's CSHCS eligibility file. | Managed Care Organization | V | CQ |
| CWP | Children's Home and Community Based Services Waiver | This benefit plan provides services that are enhancements or additions to Medicaid state plan services for children under age 18 with developmental disabilities who are enrolled in the Children's Home and Community-Based Services Waiver Program (CWP). The CWP is a statewide Fee-for-Service program administered by Community Mental Health Service Programs (CMHSPs). The CWP enables Medicaid to fund necessary home and community-based services for children with developmental disabilities who have challenging behaviors and/or complex medical needs, meet the criteria for admission to an Intermediate Care Facility for the Mentally Retarded (ICF/MR) and who are at risk for placement without waiver services. | Fee-for-Service | XIX | MH |
| HK - Dental | Healthy Kids Dental | This program is a selective contract between the Michigan Department of Community Health and the Delta Dental Plan of Michigan to administer the Medicaid dental benefit in selected counties to beneficiaries under the age of 21. | Managed Care Organization | XIX-XXI | 35 |
| HK-EXP | Full Fee-for-Service Healthy Kids - Expansion | This benefit plan covers children ages 16 through 18 from 100% Federal Poverty Level (FPL) up to 150% FPL. Funding for this program is State Children's Health Insurance Program (SCHIP) Fund, and the benefits mirror Fee-for-Service Medicaid. | Fee-for-Service | XXI | 1, 33, 35, 47, 86, 88, 98, AL, UC (35: FFS dental only if HK Dental is not assigned for DOS) |

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|-----------------|---|--|---------------------------|-----------------------------|--|
| HK-EXP-ESO | Healthy Kids Expansion - Emergency Services | Benefits mirror Medical Assistance Emergency Services Only (MA ESO). Children who do not meet the Medicaid citizenship requirements to be eligible for full Medicaid may be eligible for Emergency Services Only (ESO). This benefit plan is funded by SCHIP. For the purpose of ESO coverage, federal Medicaid regulations define an emergency medical condition as a sudden onset of a physical or mental condition which causes acute symptoms, including severe pain, where the absence of immediate medical attention could reasonably be expected to: <ul style="list-style-type: none"> Place the person's health in serious jeopardy, Cause serious impairment to bodily functions, or Cause serious dysfunction of any bodily organ or part. | Fee-for-Service | XXI | 86 |
| Hospice | Hospice | This healthcare program is designed to meet the needs of terminally ill individuals when the individual decides that curative treatment is no longer in their best interest. These individuals choose palliative care, which is not a cure, but ensures comfort, dignity, and quality of life. Hospice is intended to address the needs of the individual with a terminal illness, while also considering family needs. Michigan Medicaid covers hospice care for a terminally ill beneficiary whose life expectancy is six months or less (if the illness runs its normal course), as determined by a licensed physician and the Hospice Medical Director. | Fee-for-Service | XIX | 45 |
| HSW | Habilitation Supports Waiver Program | Beneficiaries with developmental disabilities may be enrolled in this Program to receive the supports and services as defined. HSW beneficiaries may also receive other Medicaid state plan or additional/B3 services. | Managed Care Organization | XIX | MH |
| ICF/MR-DD | Intermediate Care Facility for Mental Retarded - DD | The facility primarily provides health-related care and services above the level of custodial care to mentally retarded individuals, but does not provide the level of care or treatment available in a hospital or SNF. This is an all inclusive program. | Fee-for-Service | XIX | CG |
| INCAR | Incarceration - Other | A non-Medicaid funded benefit plan that restricts services to an off-site inpatient hospital while an otherwise eligible member is incarcerated. | Fee-for-Service | XIX | 48 |
| INCAR-ABW | Incarceration – ABW (No Benefits) | This program will not provide benefits after 3/1/05, while an otherwise ABW eligible member is incarcerated. | No Benefits | XXI | N/A |

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|-----------------|---------------------------------------|--|---------------------------|-----------------------------|---|
| INCAR-ESO | Incarceration – Emergency Services | This benefit plan restricts services to off-site inpatient hospital emergencies only while the member is incarcerated. | Fee-for-Service | XIX | 48 |
| INCAR-MA | Incarceration - MA | A Medicaid-funded benefit plan that restricts services to an off-site inpatient hospital while an otherwise eligible member is incarcerated. | Fee-for-Service | XIX | 48 |
| INCAR-MA-E | Incarceration – MA Emergency Services | A Medicaid-funded benefit plan that restricts services to an emergency hospital while an otherwise eligible member is incarcerated. | Fee-for-Service | XIX | 48 |
| MA | Full Fee-for-Service Medicaid | Members are generally assigned to this benefit plan upon approval of their eligibility information and remain active even if eventually assigned to MA Managed Care [MA-MC]. Once assigned to a managed care plan, the health plan is the primary payer. | Fee-for-Service | XIX | 1, 33, 35, 47, 86, 88, 98, AL, UC (35: FFS dental only if HK Dental is not assigned for DOS) |
| MA-ESO | Medical Assistance Emergency Services | Individuals who do not meet the Medicaid citizenship requirements to be eligible for full Medicaid may be eligible for Emergency Services Only (ESO). For the purpose of ESO coverage, federal Medicaid regulations define an emergency medical condition as a sudden onset of a physical or mental condition which causes acute symptoms, including severe pain, where the absence of immediate medical attention could reasonably be expected to: <ul style="list-style-type: none"> Place the person's health in serious jeopardy, Cause serious impairment to bodily functions, or Cause serious dysfunction of any bodily organ or part. | Fee-for-Service | XIX | 86 |
| MA-MC | Medicaid Managed Care | Full Medicaid for Managed Care Organization enrollment. This capitated plan will be set to a higher priority than MA [Fee-for-Service]. The services not covered under this plan will be covered in MA. | Managed Care Organization | XIX | 1, 33, 47, 86, 88, 98, AL, UC |

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|-----------------|--|---|---------------------------|-----------------------------|---|
| MI Choice | Home and Community Based Waiver Services | The MI Choice Waiver provides home and community-based healthcare services to adults who are elderly or have disabilities. The program's goal is to support individuals who choose to receive services at home or in a community setting. MI Choice is an alternative to nursing facility care and participants must meet the same Level of Care criteria. | Fee-for-Service | XIX | 42 |
| MICChild | MICChild Program (SCHIP) | This healthcare program is administered by the Michigan Department of Community Health (MDCH). It is for the low income uninsured children of Michigan's working families. Like Healthy Kids, MICChild is for children who are under age 19. The child must be enrolled in a MICChild health and dental plan in order to receive services. | Managed Care Organization | XXI | 1, 33, 47, 86, 88, 98, UC |
| MICChild-D | MICChild - Dental | This benefit plan is for dental services administered by MDCH. Only members eligible for MICChild can be assigned to this plan. | Managed Care Organization | XXI | 35 |
| MOMS | Maternity Outpatient Medical Services | This program provides immediate health coverage for pregnant women. The MOMS program is available to provide immediate prenatal care while a Medicaid application is pending. The woman must use Medicaid benefits if and when they become available. Coverage also includes individuals who are not citizens. Prenatal health care services will be covered by MOMS and/or Medicaid for up to the entire pregnancy and for 60 days after the pregnancy ends. | Fee-for-Service | XXI | 47, 69, 88, 98, BU |
| NEMT | Non-Emergency Medical Transportation | This benefit plan provides Non-Emergency Medical Transportation (NEMT) for MA covered services. The NEMT benefit plan is administered by MDCH through a contractor and is available in selected counties. NEMT Services for MA-MC covered services are provided under the MA-MC benefit plan. | Managed Care Organization | XIX | 56 |
| NH | Nursing Home | This benefit is for qualifying members residing in a nursing home. A facility or institution must be licensed, certified, or otherwise qualified as a nursing home or long term care facility by the state in which services are rendered. This term includes skilled, intermediate, and custodial care facilities which operate within the terms of licensure. | Fee-for-Service | XIX | 54 |
| PACE | Program All-Inclusive Care for Elderly | This program is an innovative model of community-based care that enables elderly individuals, who are certified by their state as needing nursing facility care, to live as independently as possible. PACE provides an alternative to traditional nursing facility care by offering pre-paid, capitated, comprehensive health care services. | Managed Care Organization | XIX | 1, 33, 35, 47, 54, 86, 88, 98, AL, MH, UC |

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| PIHP | Prepaid Inpatient Health Plan | This benefit plan covers mental health and substance abuse services for MA who have a specialty level of need. | Managed Care Organization | XIX | AI, MH |
| Plan First! | Family Planning Waiver | This waiver program allows MDCH to provide family planning services to women who otherwise would not have medical coverage for these services. | Fee-for-Service | XIX | 82 |
| QDWI | Qualified Disabled Working Individual | A client must have applied for or be enrolled in Medicare Part A as a working disabled person who has exhausted Premium-free Part A and whose SSA disability benefits ended because the client's earnings exceed SSA's gainful activity limits. Medicaid pays the client's Medicare Part A premium only. | No Benefits | XIX | N/A |
| QMB | Qualified Medicare Beneficiary – All Inclusive | This benefit plan is part of the Medicare Savings Program (MSP), also known as the "Buy-In" program. A client must be entitled to Medicare Part A. Under certain income limits, Medicaid pays for Medicare Part B premiums, deductibles and co-payments. This is an all-inclusive benefit plan. | Fee-for-Service | XIX | N/A |
| SA | Substance Abuse | This is a carve out program that can be assigned to members from multiple eligibility sources, such as ABW or MICHild, etc. | Managed Care Organization | XIX | AI |
| SED | Children's Serious Emotional Disturbance Waiver Program | The Waiver for Children with Serious Emotional Disturbances (SEDW) provides services that are enhancements or additions to Medicaid state plan services for children under age 20. MDCH operates the SEDW through contracts with Community Mental Health Service Programs (CMHSPs). The SEDW is a fee-for-service program administered by the CMHSP in partnership with other community agencies and is currently available in a limited number of counties and CMHSPs. The SEDW enables Medicaid to fund necessary home and community-based services for eligible children. The CMHSP is responsible for assessment of potential waiver candidates. Application for the SEDW is made through the CMHSP, and the CMHSP is responsible for the coordination of the SEDW services. | Fee-for-Service | XIX | MH |

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|-----------------|---|---|-----------------|-----------------------------|--|
| SED-DHS | Children's Serious Emotional Disturbance Waiver Program - DHS | The Waiver for Children with Serious Emotional Disturbances (SEDW) provides services that are enhancements or additions to Medicaid state plan services for children under age 20. MDCH operates the SEDW through contracts with Community Mental Health Service Programs (CMHSPs). The SEDW is a fee-for-service program administered by the CMHSP in partnership with other community agencies and is currently available in a limited number of counties and CMHSPs. The SEDW enables Medicaid to fund necessary home and community-based services for eligible children. The CMHSP is responsible for assessment of potential waiver candidates. Application for the SEDW is made through the CMHSP, and the CMHSP is responsible for the coordination of the SEDW services. The SED-DHS Benefit Plan implements a collaborative agreement between MDCH and MDHS to expand mental health services for children in the DHS foster care system. | Fee-for-Service | XIX | MH |
| SLMB | Special Low Income Medicare Beneficiary | A client must have applied for or be enrolled in Medicare Part A. Under certain income limits, Medicaid pays the client's Medicare Part B premium only; Expanded Special Low-Income Medicare Beneficiary (ESLMB): A client must have applied for or be enrolled in Medicare Part B and not be eligible for any other Medicaid coverage. Under certain income limits, Medicaid pays the client's Medicare Part B premium only. No specific benefits are defined for this plan. | No Benefits | XIX | N/A |
| Spend-down | Medical Spend-down | If the family's or individual's net income is over the Medicaid limit, the amount in excess is established as a "spend-down amount." In order for the person to qualify for Medicaid during the months, he/she must incur medical bills equal to the spend-down amount. Medicaid will pay expenses incurred above this amount. If a group member is liable for bills incurred before the spend-down period began, these bills can be used to meet the spend-down. | No Benefits | XIX | N/A |
| SPF | State Psychiatric Hospital | This benefit plan offers inpatient and outpatient services for the observation, diagnosis, active treatment, and overnight care of persons with a mental disease or with a chronic mental condition who require daily direction or supervision of physicians and mental health professionals who are licensed to practice in this state. | Fee-for-Service | XIX | N/A |

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|-----------------|--|---|-----------------|-----------------------------|--|
| TMA-PLUS | Full Fee-for-Service Transitional Medical Assistance - Plus | This benefit plan is available to families after Transitional MA (TMA) ends to assist families who are unable to purchase employer-sponsored healthcare. TMA-Plus offers a way to extend medical coverage through a premium-payment plan. Funding for this program is General Fund. Benefits mirror Fee-for-Service Medicaid. | Fee-for-Service | GF | 1, 33, 35, 47, 86, 88, 98, AL, UC |
| TMA-PLUS-E | Transitional Medical Assistance - Plus - Emergency Services | Benefits mirror MA ESO. Individuals who are not otherwise eligible for full TMA-PLUS because of citizenship status may be eligible for Emergency Services Only (ESO). Funding for this benefit plan is General Fund. For the purpose of ESO coverage, federal Medicaid regulations define an emergency medical condition as a sudden onset of a physical or mental condition which causes acute symptoms, including severe pain, where the absence of immediate medical attention could reasonably be expected to: <ul style="list-style-type: none"> Place the person's health in serious jeopardy, Cause serious impairment to bodily functions, or Cause serious dysfunction of any bodily organ or part. | Fee-for-Service | GF | 86 |

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Service Type Codes

Effective January 1, 2012, as part of the 271 Eligibility Response, EB03 values or service type codes will be returned to designate a covered benefit category at the benefit plan level if applicable.

Service Type Category Codes

The ten main benefit categories for service type codes are as follows:

| | | |
|-------------------|--|-------------------------|
| 1 - Medical Care | 86 - Emergency Services | AL - Vision (Optometry) |
| 33 - Chiropractic | 88 - Pharmacy | MH - Mental Health |
| 35 - Dental Care | 98 - Professional (Physician) Visit - Office | UC - Urgent Care |
| 47 - Hospital | | |

The service type codes at the benefit category level will be reported unless a more specific service type code more closely describes the coverage intent of a benefit plan.

| | | |
|--|---|---------------------------|
| 1 Medical Care | 30 Health Benefit Plan Coverage - If only a single category of inquiry can be supported, use this code. | 57 Air Transportation |
| 2 Surgical | 32 Plan Waiting Period | 58 Cabulance |
| 3 Consultation | 33 Chiropractic | 59 Licensed Ambulance |
| 4 Diagnostic X-Ray | 34 Chiropractic Office Visits | 60 General Benefits |
| 5 Diagnostic Lab | 35 Dental Care | 61 In-vitro Fertilization |
| 6 Radiation Therapy | 36 Dental Crowns | 62 MRI/CAT Scan |
| 7 Anesthesia | 37 Dental Accident | 63 Donor Procedures |
| 8 Surgical Assistance | 38 Orthodontics | 64 Acupuncture |
| 9 Other Medical | 39 Prosthodontics | 65 Newborn Care |
| 10 Blood Charges | 40 Oral Surgery | 66 Pathology |
| 11 Used Durable Medical Equipment | 41 Routine (Preventive) Dental | 67 Smoking Cessation |
| 12 Durable Medical Equipment Purchase | 42 Home Health Care | 68 Well Baby Care |
| 13 Ambulatory Service Center Facility | 43 Home Health Prescriptions | 69 Maternity |
| 14 Renal Supplies in the Home | 44 Home Health Visits | 70 Transplants |
| 15 Alternate Method Dialysis | 45 Hospice | 71 Audiology Exam |
| 16 Chronic Renal Disease (CRD) Equipment | 46 Respite Care | 72 Inhalation Therapy |
| 17 Pre-Admission Testing | 47 Hospital | 73 Diagnostic Medical |
| 18 Durable Medical Equipment Rental | 48 Hospital - Inpatient | 74 Private Duty Nursing |
| 19 Pneumonia Vaccine | 49 Hospital - Room and Board | 75 Prosthetic Device |
| 20 Second Surgical Opinion | 50 Hospital - Outpatient | 76 Dialysis |
| 21 Third Surgical Opinion | 51 Hospital - Emergency Accident | 77 Otological Exam |
| 22 Social Work | 52 Hospital - Emergency Medical | 78 Chemotherapy |
| 23 Diagnostic Dental | 53 Hospital - Ambulatory Surgical | 79 Allergy Testing |
| 24 Periodontics | 54 Long Term Care | 80 Immunizations |
| 25 Restorative | 55 Major Medical | 81 Routine Physical |
| 26 Endodontics | 56 Medically Related Transportation | 82 Family Planning |
| 27 Maxillofacial Prosthetics | | 83 Infertility |
| 28 Adjunctive Dental Services | | 84 Abortion |

Service Type Codes

| | | | | | |
|-----------|---|----|--|-----------|---|
| 85 | AIDS | AQ | Nonmedically Necessary Physical | CL | Screening laboratory |
| 86 | Emergency Services | AR | Experimental Drug Therapy | CM | Mammogram, High Risk Patient |
| 87 | Cancer | B1 | Burn Care | CN | Mammogram, Low Risk Patient |
| 88 | Pharmacy | B2 | Brand Name Prescription Drug - Formulary | CO | Flu Vaccination |
| 89 | Free Standing Prescription Drug | B3 | Brand Name Prescription Drug - Non-Formulary | CP | Eyewear and Eyewear Accessories |
| 90 | Mail Order Prescription Drug | BA | Independent Medical Evaluation | CQ | Case Management |
| 91 | Brand Name Prescription Drug | BB | Partial Hospitalization (Psychiatric) | DG | Dermatology |
| 92 | Generic Prescription Drug | BC | Day Care (Psychiatric) | DM | Durable Medical Equipment |
| 93 | Podiatry | BD | Cognitive Therapy | DS | Diabetic Supplies |
| 94 | Podiatry - Office Visits | BE | Massage Therapy | GF | Generic Prescription Drug - Formulary |
| 95 | Podiatry - Nursing Home Visits | BF | Pulmonary Rehabilitation | GN | Generic Prescription Drug - Non-Formulary |
| 96 | Professional (Physician) | BG | Cardiac Rehabilitation | GY | Allergy |
| 97 | Anesthesiologist | BH | Pediatric | IC | Intensive Care |
| 98 | Professional (Physician) Visit - Office | BI | Nursery | MH | Mental Health |
| 99 | Professional (Physician) Visit - Inpatient | BJ | Skin | NI | Neonatal Intensive Care |
| A0 | Professional (Physician) Visit - Outpatient | BK | Orthopedic | ON | Oncology |
| A1 | Professional (Physician) Visit - Nursing Home | BL | Cardiac | PT | Physical Therapy |
| A2 | Professional (Physician) Visit - Skilled Nursing Facility | BM | Lymphatic | PU | Pulmonary |
| A3 | Professional (Physician) Visit - Home | BN | Gastrointestinal | RN | Renal |
| A4 | Psychiatric | BP | Endocrine | RT | Residential Psychiatric Treatment |
| A5 | Psychiatric - Room and Board | BQ | Neurology | TC | Transitional Care |
| A6 | Psychotherapy | BR | Eye | TN | Transitional Nursery Care |
| A7 | Psychiatric - Inpatient | BS | Invasive Procedures | UC | Urgent Care |
| A8 | Psychiatric - Outpatient | BT | Gynecological | | |
| A9 | Rehabilitation | BU | Obstetrical | | |
| AA | Rehabilitation - Room and Board | BV | Obstetrical/Gynecological | | |
| AB | Rehabilitation - Inpatient | BW | Mail Order Prescription Drug: Brand Name | | |
| AC | Rehabilitation - Outpatient | BX | Mail Order Prescription Drug: Generic | | |
| AD | Occupational Therapy | BY | Physician Visit - Office: Sick | | |
| AE | Physical Medicine | BZ | Physician Visit - Office: Well | | |
| AF | Speech Therapy | C1 | Coronary Care | | |
| AG | Skilled Nursing Care | CA | Private Duty Nursing - Inpatient | | |
| AH | Skilled Nursing Care - Room and Board | CB | Private Duty Nursing - Home | | |
| AI | Substance Abuse | CC | Surgical Benefits - Professional (Physician) | | |
| AJ | Alcoholism | CD | Surgical Benefits - Facility | | |
| AK | Drug Addiction | CE | Mental Health Provider - Inpatient | | |
| AL | Vision (Optometry) | CF | Mental Health Provider - Outpatient | | |
| AM | Frames | CG | Mental Health Facility - Inpatient | | |
| AN | Routine Exam | CH | Mental Health Facility - Outpatient | | |
| | 300305 Use for Routine Vision Exam only. | CI | Substance Abuse Facility - Inpatient | | |
| AO | Lenses | CJ | Substance Abuse Facility - Outpatient | | |
| | | CK | Screening X-ray | | |